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I ALBRITTON

COVER LETTER

TO: Amendment Section

P.O. Box 6327

Tallahassee, FL 32314

Division of Corporations Zero Hate INC NAME OF CORPORATION: _____ The enclosed Articles of Amendment and fee are submitted for filing. Please return all correspondence concerning this matter to the following: Zero Hate Lux (Firm/ Company) Jack Surille, FC 32205
(City/ State and Zip Code) E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Name of Contact Person) at 404 844 9160 (Area Code) (Daytime Telephone Number) Enclosed is a check for the following amount made payable to the Florida Department of State: \$35 Filing Fee S43.75 Filing Fee & S43.75 Filing Fee & Certificate of Status Certified Copy □\$52.50 Filing Fee Certificate of Status (Additional copy is Certified Copy enclosed) (Additional Copy is Enclosed) Mailing Address Street Address Amendment Section Amendment Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment to Articles of Incorporation of

Zero He		- Comment of the Comm			
(Name of Corporation as curr					
	000509				
(Document Nur	nber of Corpora	tion (if known)			
Pursuant to the provisions of section 617,1006, Florida Stat amendment(s) to its Articles of Incorporation:	utes, this <i>Florid</i>	a Not For Profit Corporation	adopts the	following	}
A. If amending name, enter the new name of the corpor	ation:				
				_The new	
name must be distinguishable and contain the word "corpo "Company" or "Co." may not be used in the name.	ration" or "ince	orporated" or the abbreviatio	on "Corp."	or "Inc."	
B. Enter new principal office address, if applicable:					
(Principal office address MUST BE A STREET ADDRES	<u>'S'</u>)				
C. Enter new mailing address, if applicable:					
(Mailing address MAY BE A POST OFFICE BOX)					
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	***************************************			2	\equiv
D. If amending the registered agent and/or registered of		Florida, enter the name of t	the SE	_	,
new registered agent and/or the new registered office	e address:		ار المارات رئي رئي	涩	<u> </u>
Name of New Registered Agent:			S		
			꼼	ç	
		(Florida street address)			
New Registered Office Address:					
		Flor	ida		
	(City)	(Z.i	p Code)		
New Registered Agent's Signature, if changing Registere	ed Agent:				
I hereby accept the appointment as registered agent. I am		nd accept the obligations of th	e position.		
	Signature of Ne	w Registered Agent, if chang	ing		

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer director title by the first letter of the office title:

P - President, V Vice President; T Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change. Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X.Change X.Remove X.Add	$\overline{\underline{V}}$ <u>Mi</u>	<u>hn Doe</u> ike Jones Il <u>y Smith</u>	
Type of Action (Check One)	<u>Title</u>	<u>Name</u>	<u>Addres</u> s
L) Change Add Remove	<u> </u>	Stac: Yborn	Jackon Alle FL
2) Change Add	4٧_	Adm Marte	Jack sowilly FL
Remove 3) Change	<u>.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	Michael Vaulgoff	JACK SONUTY (, SL
4) Remove 4) Change Add Remove			
5) Change Add Remove			
6) Change Add Remove			

(attach additional sheets, if necessary).	(Be specific)				
					
					
	- -				
		 <u> </u>			
					
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The date of each amendment(s) adoption:date this document was signed.	, if other than the
Effective date if applicable: 61518 (no more than 90 days after amendment)	nı file date)
Note: If the date inserted in this block does not meet the applicable statutory filin document's effective date on the Department of State's records.	
Adoption of Amendment(s) (CHECK ONE)	
☐ The amendment(s) was/were adopted by the members and the number of vot was/were sufficient for approval.	es cast for the amendment(s)
There are no members or members entitled to vote on the amendment(s). The adopted by the board of directors.	ne amendment(s) was/were
Dated 4/15/18	
Signature Ath Shift	
(By the chairman or vice chairman of the board, president have not been selected, by an incorporator — if in the ham other court appointed fiduciary by that fiduciary)	
David Vardygnith	
(Typed or printed name of per	son signing)
- Presidet	
(Title of person sig	gning)